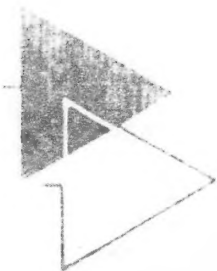


Dr Willard Draper

He died 6-4-58 from gunshot wound in
St. Marks Hosp. under care of Drs R.R. Green
& I. Fred Bushnell.



SFERA

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STATE OF UTAH

DEPARTMENT OF HEALTH

REC'D JUN 18 1958

UTAH CERTIFICATE OF DEATH

58 18 1405

REGISTRAR'S NO 1229

STATE FILE NO.

1 PLACE OF DEATH a. COUNTY Salt Lake		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Utah		b. COUNTY Wasatch	
b. CITY, TOWN, OR LOCATION Salt Lake City		c. LENGTH OF STAY IN 1b None		c. CITY, TOWN, OR LOCATION Heber	
d. NAME OF HOSPITAL OR INSTITUTION In Ambulance at Entry to St. Marks Hospital		4. STREET ADDRESS 491 S. Main			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3 NAME OF DECEASED (Type or print) Willard Jesse Draper		4 DATE OF DEATH June 4, 1958			
5 SEX Male	6 COLOR OR RACE White	7 MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8 DATE OF BIRTH Jan. 4, 1921	9 AGE (In years last birthday) 37	10 IF UNDER 1 YEAR Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician & Surgeon		10b KIND OF BUSINESS OR INDUSTRY		11 BIRTHPLACE (State or foreign country) Layton, Davis, Utah	
12 CITIZEN OF WHAT COUNTRY? USA					
13 FATHER'S NAME Charles H. Draper		14 MOTHER'S MAIDEN NAME Nettie Harris		NAME OF SPOUSE Helen Martin	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) Yes W.W.2		16 SOCIAL SECURITY NO		17 INFORMANT Mrs. Helen Draper, Heber, Utah	
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracerebral Hematoma, Midbrain 9190 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Laceration of Midbrain. DUE TO (c) Wound, Gunshot PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) None					INTERVAL BETWEEN ONSET AND DEATH 1-4-00. 12 Hrs. 1-4-00. 12 Hrs. 1-4-00.
19 WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) Cleaning gun at home and discharged.			
20c TIME OF INJURY 12:15 P.M. June 4, 1958					
20d INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) Home		20f CITY, TOWN, OR LOCATION Heber	
				COUNTY Wasatch	STATE Utah
21. I attended the deceased from 12 Hrs. to and last saw him alive on June 4, 58 Death occurred at 1:46a on the date stated above; and to the best of my knowledge, from the causes stated.					
22a SIGNATURE Raymond Green M.D.		22b ADDRESS Heber Utah		22c SIGNED June 58	
23a BURIAL, CREMATION, REMOVAL (Specify) Burial		23b DATE June 6, 58		23c NAME OF CEMETERY OR CREMATORY Heber	
				23d LOCATION (City, town, or county) Heber, Wasatch, Utah	
24 FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Olpin-Heber		25. DATE RECD. BY LOCAL REG. June 9, 1958		26. REGISTRAR'S SIGNATURE Bill Allen	

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.

Date Issued:

JAN 11 1984

John E. Brockert
John E. Brockert
DIRECTOR OF VITAL STATISTICS

By



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES.

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